

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 JUL 21 PM 4:29

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 3

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Albert G. Sorensen

Political Party (if applicable)

Democratic

Office Sought

Senator

District (if Senate or House)

24

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1749</u>
Logged In	<u>e</u>
Scanned	
Computer	
Audited	
<u>13 pages</u>	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Shirley L. Fitch

SIGNATURE OF PERSON FILING REPORT

(515)432-5228

TELEPHONE

7-21-08

DATE SIGNED

I AM FILING A July 21, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 916.94

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5943.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

356.50

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 6503.44

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

1,754.50

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

250.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-16-08	ID# CK#	Monte A. Carlson 232 SW 8th ST Ogden, IA 50212		\$ 50.00	<input type="checkbox"/>
5-16-08	ID# CK#	William Heckroth 1010 Ridgewood Blvd NW Waverly, IA 50677		25.00	<input type="checkbox"/>
5-23-08	ID# CK#	Joseph Salama 204 S. Division ST Boone IA 50036		20.00	<input type="checkbox"/>
5-23-08	ID# CK#	Sheryl J. Thul 211 S. Tama ST Boone IA 50036		25.00	<input type="checkbox"/>
5-23-08	ID# CK#	Robert L. Hammond 2021 Benton ST Boone IA 50036		25.00	<input type="checkbox"/>
5-23-08	ID# CK#	Richard T. Jordan 1326 Southview Ct Boone IA 50036		50.00	<input type="checkbox"/>
5-23-08	ID# CK#	Stephen Duffy 1028 Aldrich Ave Boone IA 50036		25.00	<input type="checkbox"/>
5-27-08	ID# CK#	Marlene Zengor 1672-280th St Madrid IA 50156		25.00	<input type="checkbox"/>
5-27-08	ID# CK#	Theodore J. Herrick 600 W State ST Jefferson IA 50129		50.00	<input type="checkbox"/>
5-30-08	ID# CK#	Jon Gustafson 1928 Marshall ST Boone IA 50036		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 495.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

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6-6-08	ID# CK#	Alice Wicker 1595-331st. Dr Madrid 50156		\$ 40.00	<input type="checkbox"/>
6-6-08	ID# CK#	Jo Ann Zimmerman 7630 Ashworth Rd WDM 50266		20.00	<input type="checkbox"/>
6-9-08	ID# CK#	Sharon Witercraft 1322 story st Boone IA 50036		50.00	<input type="checkbox"/>
6-9-08	ID# CK#	James N. Weinstein PO Box 5249 Hanover, NH 03755		100.00	<input type="checkbox"/>
6-13-08	ID# CK#	Howard L. Hoy 615 S. Marshall St Boone IA 50036		250.00	<input type="checkbox"/>
6-16-08	ID# CK#	Lowell Morgan 419 SW 5th ST Ogden IA 50212		25.00	<input type="checkbox"/>
6-16-08	ID# CK#	Roy Coffman 713 W Mulberry St Ogden 50212		25.00	<input type="checkbox"/>
6-20-08	ID# CK#	David Wozniak 25 Montrose St Malden, MA 02148-2706		50.00	<input type="checkbox"/>
6-20-08	ID# CK#	Robert L. Rod 4235 Eisenhower Ct Ames 50010		25.00	<input type="checkbox"/>
6-20-08	ID# CK#	Lisa K. Heddens 4541-513th Ave Ames 50014-9306		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 635.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 7
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

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6-20-08	ID# CK#	Boone Co. Dem. Central Comm. c/o Greg P. Klapp 204 Marion ST Boone 50036		\$ 1000.00	<input type="checkbox"/>
6-24-08	ID# CK#	Dorothy Gustafson 1928 Marshall ST Boone 50036		930.00	<input checked="" type="checkbox"/>
6-24-08	ID# CK#	Howard L. Hoy 615 S. Marshall ST Boone 50036		65.00	<input checked="" type="checkbox"/>
v	ID# CK#	Mark & Ruth McCoy 2285 Grand Ave WDM 50265-7639		115.00	<input checked="" type="checkbox"/>
u	ID# CK#	Rebecca Lyon 1416 SE Linn ST Boone 50036		110.00	<input checked="" type="checkbox"/>
vi	ID# CK#	James Maloney 3940 River Oaks Dr Om 50312-4639		100.00	<input checked="" type="checkbox"/>
vi	ID# CK#	Kenneth Seemann 2340 L Ave Woodward 50276		20.00	<input checked="" type="checkbox"/>
n	ID# CK#	Patricia Triska 1009 Parkway Dr. #7 Boone 50036		20.00	<input type="checkbox"/>
v	ID# CK#	Molly Ketchum 322 S. Boone ST Boone 50036		55.00	<input checked="" type="checkbox"/>
u	ID# CK#	Dick Dearden 3113 Kinsey Ave Des Moines 50317-4603		30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$2445.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-24-08	ID# CK#	R. Lee McNair 302 S. Greene St Boone 50036		\$ 35.00	<input checked="" type="checkbox"/>
"	ID# CK#	Janet Schultz 1009 Hancock Dr Boone 50036		330.00	<input checked="" type="checkbox"/>
"	ID# CK#	Jon Swanson 1215 Garst Ave Boone 50036		100.00	<input checked="" type="checkbox"/>
"	ID# CK#	Terry L. Johnson 402 Sundown Ct Jefferson 50129		50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Marck J. Nystrom 1827 Boone St Boone 50036		25.00	<input checked="" type="checkbox"/>
"	ID# CK#	Rebecca Lyon 1416 SE Linn St Boone 50036		50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Wm. Lusher / E. Fairchild 990-213th Pl Boone 50036		150.00	<input checked="" type="checkbox"/>
"	ID# CK#	Herman C. Quirnbach 1002 Jarrett Cir Ames 50014		100.00	<input checked="" type="checkbox"/>
"	ID# CK#	Molly Ketchum 322 S. Boone St Boone 50036		25.00	<input checked="" type="checkbox"/>
"	ID# CK#	John J. Landis 1975 NW 80th Pl Clive 50325		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 915.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

**MONETARY
RECEIPTS**



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-24-08	ID# CK#	Jon Swanson 1215 Garst Ave Boone 50036		\$ 50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Dick Dearden 3113 Kinsey Ave DM 50317-6603		50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Thomas L. Foster 610 H Ave Ogden 50212		50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Mark & Ruth McCoy 2285 Grand Ave WDM 50265-7639		100.00	<input checked="" type="checkbox"/>
"	ID# CK#	Ronald D. Fehr 1907 W 3rd Ext Boone 50036		20.00	<input checked="" type="checkbox"/>
"	ID# CK#	Georgia Robertson 1077 V Ave Boone 50036		50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Roger W. Stirling 1303 Noble Lynx Ln. NE Boone 50036		100.00	<input checked="" type="checkbox"/>
"	ID# CK#	Selden Spencer 823 Ashwood Dr Huxley 50124		25.00	<input checked="" type="checkbox"/>
"	ID# CK#	Daryl G Boelman 1007 S. Marshall #104 Boone 50036		25.00	<input checked="" type="checkbox"/>
"	ID# CK#	John D. Jordan 1417 Quill Ave Boone 50036		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$570.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-24-08	ID# CK#	Kenneth & Sharon Acuff 316 Carlson ST Pilot Mound, IA 50223		\$ 25.00	<input checked="" type="checkbox"/>
"	ID# CK#	Richard T. Jordan 1326 Southview Ct Boone IA 50036		50.00	<input checked="" type="checkbox"/>
"	ID# C-00099234 CK# 3103	Brotherhood Locomotive Eng & Trainmen 1370 Ontario St Cleveland OH 44113-1702		300.00	<input checked="" type="checkbox"/>
"	ID# CK#	Cash		178.00	<input checked="" type="checkbox"/>
6-28-08	ID# CK#	Kathryn Kibbie Po Box 190 Emmetsburg, Ia 50536		50.00	<input type="checkbox"/>
"	ID# CK#	Kathryn Jordan 1326 Southview Ct Boone Ia 50036		50.00	<input checked="" type="checkbox"/>
"	ID# CK#	Geraldine Murray 1816 Marshall St Boone Ia 50036		25.00	<input type="checkbox"/>
"	ID# CK#	Michael D. Calkins 933 S. Marshall St Boone Ia 50036		30.00	<input type="checkbox"/>
"	ID# CK#	Jack L. Mickle 1903 Linn St Boone Ia 50036		50.00	<input type="checkbox"/>
"	ID# CK#	Earl D. Check 2003-310th St Madrid Ia 50156		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 858.00

TOTAL (if last page of this schedule)

\$

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Page 6 of 7
(for Schedule A)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

Sorensen for Senate Comm, ttee

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-3-08	ID# CK#	Charlotte D. Matheus 325 W. 4th St Boone Ia 50036		\$ 25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 25.00	
TOTAL (if last page of this schedule)				\$ 5943	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-15-08	ID# CK#	Sumstrom-Miller Dress 807 Keeler St Boone, Ia 50036	Letters	\$ 6.81
5-16-08	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, Ia 50316	Letters - Env.	131.44
6-3-08	ID# CK#	Boone USPS 815 Arden St Boone Ia 50036	Bulk mailing	53.15
6-6-08	ID# CK#	Boone USPS 815 Arden St Boone Ia 50036	"	56.50
6-9	ID# CK#	Boone Shopping News 2136 Mamie Eisenhower Boone I 50036	Ads	108.60
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$356.50

TOTAL (if last page of this schedule) \$356.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-24-08	JoAnn Sorensen 1004 Hancock Dr. Boone Ia 50036	Spouse	Food, Table Supplies	\$ 250.00	<input checked="" type="checkbox"/>
6-24-08	JoAnn Sorensen 1004 Hancock Dr Boone Ia 50036	Spouse	Flo-blue pitcher & bowl	400.00	<input checked="" type="checkbox"/>
6-24-08	JoAnn Sorensen 1004 Hancock Dr Boone Ia 50036	"	1 night stay at B&B	100.00	<input checked="" type="checkbox"/>
6-24-08	JoAnn Sorensen 1004 Hancock Dr Boone Ia 50036	"	Green depression lunch set	50.00	<input checked="" type="checkbox"/>
6-24-08	JoAnn Sorensen 1004 Hancock Dr Boone Ia 50036	"	Clear depression bowl	20.00	<input checked="" type="checkbox"/>
"	JoAnn Sorensen 1004 Hancock Dr Boone Ia 50036	"	Hand painted bird house	25.00	<input checked="" type="checkbox"/>
"	Annamae Reed 521 Mamie Eisenhower Ave Boone IA 50036		Decorator wreath	42.50	<input checked="" type="checkbox"/>
"	JoAnn Sorensen 1004 Hancock Dr Boone Ia 50036	"	1900's paintings	30.00	<input checked="" type="checkbox"/>
"	Al Sorensen 1004 Hancock Dr Boone Ia 50036		Classic Marilyn Monroe doll	25.00	<input checked="" type="checkbox"/>
"	John Dawkins 721-5th St Boone Ia 50036		Antique RR Lantern	100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$

1042.50

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule E)

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Comm, ttee

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4-23-08	Annamae Reed 521 Mamie Eisenhower Ave Boone		Handmade Bear in Chair	\$ 40.00	<input checked="" type="checkbox"/>
"	Jo Ann Sorensen 1004 Hancock Dr Boone Ia 5003	Spouse	Pink depression bowl	25.00	<input checked="" type="checkbox"/>
"	Janet Schultz 1009 Hancock Dr. Boone Ia 50036		2 baskets RR items	90.00	<input checked="" type="checkbox"/>
"	"		1 basket RR items	42.00	<input checked="" type="checkbox"/>
"	Jo Ann Sorensen 1004 Hancock Dr.	Spouse	Bavarian German Plate	35.00	<input checked="" type="checkbox"/>
"	Janet Schultz 1009 Hancock Dr. Boone Ia 50036		Scripture Board hanging	20.00	<input checked="" type="checkbox"/>
"	"		2 pink UPRR baskets w/cups	40.00	<input checked="" type="checkbox"/>
"	"		Brass spittoon	65.00	<input checked="" type="checkbox"/>
"	Jo Ann Sorensen 1004 Hancock Dr Boone Ia 50036	Spouse	3 Homemade pies	60.00	<input checked="" type="checkbox"/>
"	"	"	Jewelry box	15.00	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 432

TOTAL (if last page of this schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3
(for Schedule E)

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-23-07	Janet Schultz 1009 Hancock Dr Boone Ia 50036		Lefton ware	\$ 45.00	<input checked="" type="checkbox"/>
"	Albert Sorensen 1004 Hancock Dr Boone Ia 50036		Poster	10.00	<input checked="" type="checkbox"/>
"	Janet Schultz 1009 Hancock Dr Boone Ia 50036		Haegar Vase	75.00	<input checked="" type="checkbox"/>
"	Jo Ann Sorensen 1004 Hancock Dr Boone Ia 50036	Spouse	1 night at B+B	100.00	<input checked="" type="checkbox"/>
"	Jo Ann Sorensen 1004 Hancock Dr Boone Ia 50036	"	shelf w/ bird houses	35.00	<input checked="" type="checkbox"/>
"	Sandy Madden 1914 Linn St Boone IA 50036		1 basket Bath & Body	15.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

280

TOTAL (if last

\$

page of this
schedule)

1754.50

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 Page 3 of 3
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sorensen for Senate Committee

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAY

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 250.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 250.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.